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ABSTRACT

This issue brief discusses the importance of tobacco use cessation efforts for youth. Section 1 discusses the need for tobacco cessation for youth, explaining that despite increased attention to the prevention of tobacco use among youth, there has been little attention to youth who already smoke, and few programs for youth have proven successful. Section 2 discusses tobacco use statistics for adolescents. Section 3 examines the health effects of tobacco use among adolescents (respiratory and nonrespiratory effects, addiction to nicotine, and associated risks of other drug use). Section 4 focuses on the need for tobacco use cessation for youth. Section 5 examines how federal agencies and national organizations have called for adolescent cessation programs. Section 6 discusses the effects of policy on reducing youth tobacco use. Section 7 focuses on current practices, describing several programs that are currently being implemented. Section 8 discusses what is still needed to control the problem, including funding for research on effective youth cessation programs; a focus on cultural, linguistic, and age appropriate programs; and the establishment of partnerships with schools, agencies, and organizations interested in healthy youth development. Two sidebars present federal guidelines referencing adolescent smoking cessation and cessation theory and its application for youth. (Contains 25 references.) (SM)

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Issue Brief

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TOBACCO USE CESSATION AND YOUTH

Why Tobacco Cessation For Youth ?

Recently, much attention has been focused on the problem of tobacco use. Forty-six states settled cases filed against the tobacco industry to recoup the cost of treating tobacco-related illnesses. Governors and state legislatures are now debating how to spend the funds recovered. Individuals are suing the industry on behalf of family members who have died from smoking-related causes. The U.S. Supreme Court in the Fall of 1999 will consider the case of the Food and Drug Administration's authority to regulate tobacco products. Policy makers in Washington, D.C. have made several attempts to address the issue through the legislative process. Progress continues to be made in developing pharmacologic aids for adult smokers who want to quit, and the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health now has a national program in all state health agencies to prevent children and adolescents from becoming smokers in the first place.

In spite of this increased attention on tobacco and the prevention of its use among young people, little concern has been given to youth who already smoke, with some exceptions that will be described later in this paper. In the fight against tobacco use and addiction, prevention is the top priority and the key to promoting healthy lifestyles. However, even with successful health education efforts, which have resulted in significant progress towards preventing children and adolescents from ever using tobacco, more than 3,000 young people still become regular smokers each day and approximately six million are current smokers (1).

The need to develop successful tobacco interventions for adolescents is clear. However, there are few cessation programs for youth that have proven effective and more research in this area is needed. Additionally, there is a need to help pregnant adolescents stop smoking. While smoking among pregnant women over the age of 20 has been declining, smoking among pregnant women ages 15 - 19 has recently increased (2). Unfortunately, tobacco use cessation for young people is not given the same priority as that for adults. Much of the tobacco cessation interventions for youth have been adopted from the adult world and most of these have not been properly evaluated for effectiveness. Efforts have concentrated almost entirely on convincing adolescents not to start using tobacco, instead of also helping them to quit (3).

The field of maternal and child health (MCH) has long advocated that youth should not be treated by the health care profession as if they were smaller versions of adults. Children and adolescents require specialized care that takes into account their unique physiological, developmental and cognitive stages. It follows that they also require specialized treatment for tobacco use and addiction – treatment that is appro-

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priate for the individual. It is time for the field of MCH to call for youth cessation research and practice that parallels the effort being put forth to prevent them from starting to use tobacco in the first place. With so much attention currently being paid to tobacco control at the national, state and local levels, it is critical to include youth cessation as a major part of current and future efforts.

Tobacco Use Among Youth

Tobacco use is the leading-cause of death in the United States (4). It is a pandemic that has its roots in adolescence – almost 90 percent of adult smokers began at or before age 18 (5). Over the past ten years the number of kids under 18 who become daily smokers each year has increased by over half a million. This is a greater than 70 percent increase (6). It is estimated that 3,000 children become regular smokers each day and given current smoking and disease trends, almost a third of these underage smokers will ultimately die from tobacco use (6,7).

- High school students who smoke: 36 percent (8)
- High school white males who use smokeless tobacco: 21 percent (8)
- Smoking by African-American high school males doubled between 1991 and 1997 – from 14.1 percent to 28.2 percent (8,9)
- Pregnant teens who smoke: 17 percent (2)
- Children under 18 alive today who will ultimately die from tobacco use (if current trends continue): 5,000,000+ (7)
- Three of four teenagers who smoke have made at least one serious, yet unsuccessful, effort to quit (10)

Health Effects of Tobacco Use Among Young People

Among young people, the short-term health consequences of smoking include respiratory and nonrespiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood (5).

- Smoking hurts young people's physical fitness in terms of both performance and endurance, even among young people trained in competitive running (5).
- Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke (5).
- Teenage smokers suffer from shortness of breath almost three times as often as non-smoking teens, and produce phlegm more than twice as often as teens who don't smoke (11).
- Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is considered to be a "gateway" to these and a host of other risky behaviors, such as fighting and engaging in unprotected sex (5).

The Need for Tobacco Use Cessation for Youth

Current research findings indicate that adolescent smokers try to quit, have withdrawal symptoms similar to those of adults, and they are hard to recruit and retain in formal cessation programs (12). Adolescents tend to underestimate the addictive nature of tobacco and subsequent addiction (13). Over 90 percent of adolescent smokers believe that they will quit smoking before they are adults (14), however, it is estimated that only 1.5 percent of U.S. teens who have ever smoked have quit successfully (10).

Unfortunately, tobacco-use cessation for young people has not been given the same priority, in either research or practice, as that for adults (3). Much of the tobacco cessation interventions currently being used for young people were designed for adults; most of these programs have not had rigorous evaluation, and little primary research has been done on tobacco-use cessation among youth (3). Those programs that have been evaluated, vary considerably in scientific quality and effectiveness.

National Recommendations and Objectives for Adolescent Tobacco Cessation

Growing Up Tobacco Free:
Research should be conducted on the development and evaluation of programs to help children and youth who are regular tobacco users to quit their habitual use of cigarettes, snuff, and chew. (Lynch BS, Bonnie RJ, eds. Growing Up Tobacco-Free: preventing nicotine addiction in children and youths. Washington: Institute of Medicine, National Academy Press, 1994; Chap 2:64.)

Healthy People 2000:
3.5: Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular smokers by age 20.
3.6: Increase to at least 50 percent the proportion of cigarette smokers age 18 and older who stopped smoking cigarettes for at least one day during the preceding year.
3.9: Reduce smokeless tobacco use by males ages 12-24 to a prevalence of no more than 4 percent. (National Center for Health Statistics. Healthy People 2000 review 1993. Hyattsville, MD: Public Health Service, 1994.)

AMA Guidelines for Adolescent Preventive Services:
All adolescents should be asked annually about their use of tobacco products, including cigarettes and smokeless tobacco. Adolescents who use tobacco should be assessed further to determine their patterns of use. A cessation plan should be provided for adolescents who use tobacco. (American Medical Association. Guidelines for adolescent preventive services. Chicago: American Medical Association, 1992.)

The health community has concentrated almost entirely on convincing young people not to start using tobacco, instead of also helping them to quit (3).

The challenges of addressing youth smoking are compounded for pregnant teens who smoke. While smoking during pregnancy has declined significantly in recent years for adults, smoking by pregnant teens remains high and has even increased in the two most recent years measured (2). According to the National Center for Health Statistics, 17 percent of pregnant teens smoke (2). For this group, there are even fewer evaluated and targeted programs that meet their unique needs. If their smoking is addressed, providers generally utilize programs designed for pregnant adult smokers.

"The health community has concentrated almost entirely on convincing young people not to start using tobacco, instead of also helping them to quit."
- Houston T, Kolbe L, Eriksen M. Tobacco-Use Cessation in the '90s--Not "Adults Only" Anymore. Preventive Medicine. 27(5), A1-A2, 1998.

Federal Agencies and National Organizations Call for Adolescent Cessation Programs

Numerous national organizations and federal agencies including the National Center for Health Statistics, U.S. Department of Education, Centers for Disease Control and Prevention, American Medical Association, and the Institute of Medicine have identified the need for new tobacco cessation interventions for youth (3). Highlights of their recommendations and

objectives for youth tobacco cessation range from conducting research on effective youth cessation programs to improving screening and understanding patterns of use.

Currently, there are no federal guidelines or standards that solely address the problem of helping adolescents stop using tobacco. There are guidelines for providers to help adults quit smoking (15); guidelines for school health programs to *prevent* youth from using tobacco (16); and guidelines to help states develop comprehensive tobacco control programs (17). Some briefly discuss adolescent cessation (see text box).

In turn, public health advocates have called for research to determine whether the guidelines for helping adults quit are appropriate for adolescents (12). They demand investigation of intervention design that takes into account the influence of age, gender, ethnicity, functional value of tobacco, and demographic location; format for intervention delivery; motivations for quitting; comorbid risk behaviors, and nicotine addiction patterns to identify the types of assistance necessary to help adolescents quit (12).

Federal Guidelines Referencing Adolescent Smoking Cessation

CDC Best Practices for Comprehensive Tobacco Control Programs
In the wake of the 1998 multistate settlement with tobacco manufacturers, the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health has prepared a document to assist states in developing comprehensive tobacco control programs. It outlines nine major components including suggestions for preparing budgets for each. It points to various states that have successful programs which can serve as models and includes a discussion of cessation programs for adults and youth. It states, "programs that successfully assist young and adult smokers in quitting can produce a quicker and probably larger short-term public health benefit than any other component of a comprehensive tobacco control program." The report is available online at http://www.cdc.gov/tobacco or by contacting CDC's Automated Fax Information System at 1-800-CDC-1311, or by telephone at 770-488-5705 (17).

CDC Guidelines for School Health Programs to Prevent Tobacco Use & Addiction
The CDC has also developed guidelines for school health programs to prevent tobacco use and addiction. The guidelines summarize school-based strategies most likely to be effective in preventing tobacco use among youth. They recommend that all schools a) develop and enforce a school policy on tobacco use, b) provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills, c) provide tobacco use prevention education in kindergarten through 12th grade, d) provide program-specific training for teachers, e) involve parents or families in support of school-based programs to prevent tobacco use, f) *support cessation efforts among students and all school staff who use tobacco,* and g) assess the tobacco-use prevention program at regular intervals (16).

The Effects of Policy on Reducing Youth Tobacco Use

Many states are raising taxes on cigarettes in hopes that youth will no longer be able to afford to continue smoking or will be discouraged from starting due to high price. Recent research on the effects of policy on youth smoking indicates that there is a strong negative impact of increased price on the prevalence and consumption of youth tobacco use (both cigarettes and other tobacco use)(18). It is estimated that youth are up to three times more sensitive to price increases than adults (18).

State laws addressing tobacco control vary in relation to restrictiveness, enforcement and penalties, preemp-

tions and exceptions (19). All states and the District of Columbia prohibit the sale and distribution of tobacco products to minors. Twenty-one states have expanded minors' access laws by designating enforcement authorities, adding license suspension or revocation for sale to minors or requiring signage (19). Nineteen states and the District of Columbia ban vending machines from areas accessible to minors, and thirteen states restrict advertising of tobacco products (19).

Most state laws have produced little effect on youth smoking, largely because they have not been enforced. However, in places where relatively aggressive and comprehensive approaches to enforcement are used and where compliance rates are high, reductions in youth smoking have been seen (20). In the state of Florida for example, an aggressive comprehensive program was implemented and dramatic decreases in youth smoking took place. In just one year, smoking dropped 19 percent among middle school students and eight percent among high school students (20). Florida has a law that penalizes minors for the possession of tobacco products, a strongly debated topic in the tobacco control community, but a factor that may have had an impact on the sudden decrease in teen tobacco use. In addition to enhanced enforcement of youth tobacco access laws in Florida, components of the Florida program include community partnerships, an education and training initiative, and a youth-oriented, counter-marketing media campaign designed to reduce the allure of smoking.

Current Practices

Despite lacking a solid research base or accepted practice guidelines, state Title V maternal and child health programs and others are nonetheless attempting to tackle the problem of youth tobacco cessation. The following is a sampling of some programs being implemented. They vary in many ways – voluntary and involuntary curricula; school-, clinic-, and community-based formats; and varying target audiences in age range and gender. Few have been rigorously evaluated, although many are showing promising results. Included in the descriptions are mention of states that have reported to AMCHP having implemented these programs. However, the list of states is not exhaustive. Contact information is included at the end of each program description for more information.

Ending Nicotine Dependence (END)
Utah, Washington, New Mexico, Oklahoma and Ohio report implementing this unique tobacco reduction and cessation program for teens. END is designed to help adolescents build confidence in quitting, reduce their use of tobacco, and to assist in developing a variety of social skills including communication, stress management, decision making, goal setting, nutrition and physical activity. The eight modules consist of techniques to influence teen tobacco users' knowledge, attitudes, intentions, beliefs, self-awareness, self-efficacy, and refusal skills. An assortment of teaching techniques are used including videos, interactive demonstrations, worksheets, hands-on skill-building activities, and guest speakers.

END was designed for use with adolescents between the ages of 14-18, however, it can be adapted for use with youth as young as 12 to 13 years of age. END is effective for both youth who want to quit and youth who do not want to or who might not be ready to quit. Data collected by the Utah Department of Health (1997) shows even youth who are not considering quitting at the beginning of the program show measurable attitude changes, a majority make a quit attempt, and many reduce or quit their tobacco use by the end of the program. END is appropriate for implementation in schools, community agencies, and juvenile court districts. For more information on how to start an END program, please contact Heather Borski at the Utah Department of Health at (801) 538-9998.

Make Yours A Fresh Start Family
Make Yours A Fresh Start Family is a smoking cessation program targeting pregnant women and all women who smoke. The program was originally developed and

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Cessation Theory and its Application for Youth

The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health and Office on Smoking and Health, together with the American Medical Association, recently published a supplement to the journal *Preventive Medicine* entitled, "Tobacco Cessation and Youth (21)." The supplement is a collection of papers that together call for increased research and practice in youth tobacco cessation. The papers are initial steps towards exploring the applicability for youth of some of the more successful theories and cessation programs that have been used for adults. Two commonly used models are the transtheoretical model of change and motivational interviewing.

Applying the central concepts of the transtheoretical model of change to the adolescent smoking problem
The transtheoretical model of change (22) is the theoretical basis for a large number of successful adult cessation programs. It assists smokers in moving through different stages of change until they are ready to quit and maintain abstinence. A person's stage of change has been found to be a more reliable predictor of behavior change than other variables such as demographics, problem severity, withdrawal symptoms, reasons for smoking, or number of cigarettes. This model may be applicable for youth (23).

Smoking behavior among adolescents and adults differs in many ways, such as in the quantity of tobacco consumed and the length of lifetime exposure. However, despite the differences, both age groups are surprisingly similar in the behavior measures of the transtheoretical model of change (23). These findings demonstrate that current adolescent smokers are not a homogeneous group, but that their intentions to change their tobacco use vary considerably. Therefore, adolescent smoking cessation programs should emphasize stage progression rather than immediate cessation as their goal. Stage changes over time serve as an alternative outcome indicator to quit rates. Findings about the possibilities of influencing adolescent smoking may stimulate a renewed research interest in voluntary behavior change as contrasted to policy measures (23).

Motivational Interviewing and Motivational Enhancement Therapy
Also included in the tobacco cessation supplement is a discussion of the applicability of the popular cessation model of motivational interviewing (MI) for use with youth (24). MI is a brief intervention designed to increase the likelihood of a person's considering, initiating, and maintaining specific change strategies to reduce harmful behavior. It is founded on the principles of motivational psychology, client-centered therapy, and stages of change in recovery from addiction. Motivational Enhancement Therapy (MET) uses the principles of MI within a structured format. It is typically a standardized, four-session therapy including lengthy assessment, personalized feedback, and follow-up interviews. It is well suited to adolescents with substance abuse problems because of its brief duration, nonconfrontational style, and emphasis on facilitating a persons' consideration of the effect of substance abuse on other life areas as well as options for change goals (24). It is thought to be particularly useful for individuals who are difficult, resistant, unmotivated and in denial.

MET has shown positive treatment effects with a variety of patient types (adult and adolescent, inpatient and outpatient, alcohol, tobacco and polydrug users) and with significant modifications in the content of the assessment and feedback (24). The nonjudgmental, client-centered format empowers the person to take responsibility for making informed decisions about substance use and behavior change and holds promise as an effective intervention for adolescents (24).

evaluated by the Fox Chase Cancer Center for the Pennsylvania Department of Health, and was subsequently revised by the American Cancer Society and the American Academy of Pediatrics to conform with the 1996 revised Agency for Health Care Policy and Research Guidelines for Smoking Cessation. The objectives of the program are to help ensure that pregnant smokers and mothers who smoke are fully informed by their healthcare providers about their smoking-related health risks and the risks to their children; to motivate pregnant women and parents who smoke to quit; to increase cessation attempts among women who smoke; and to increase successful cessation in this population of smokers. The program is being used with pregnant adolescents in addition to pregnant adult smokers. It provides information about environmental tobacco smoke and the importance of maintaining a smoke-free family environment, addresses the needs of women in different child-bearing stages and recognizes that women may be in different stages of readiness to quit, and provides provider prompts, guidance for brief counseling, and effective take-home materials. The components of the program include survey forms, an office coordinator's guide and camera-ready packet, a training program for providers (manual and video), and self-help magazines and other promotional materials for women who smoke. Fresh Start program materials are available through your local chapter of the American Cancer Society.

Tobacco Diversion and Cessation Programs: Tobacco Education Group (TEG) and Tobacco Awareness Program (TAP)

Developed in California by W. Keith Pendell, both TEG and TAP programs are being conducted by over 1,000 facilitators in all fifty states. They are based on the research of Prochaska and DiClemente's stages of self-change and the transtheoretical model of change (22) and meet the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

The Tobacco Education Group (TEG), also called Intervening With Teen Tobacco Users, is a support group curriculum for students, grades 7-12, who violate school rules or community ordinances on tobacco use. It is a positive alternative to suspension. This program helps young people consider the negative consequences of their tobacco use. TEG combines lectures, videos, demonstrations and cooperative learning to give young people the knowledge, motivation, and action steps to move toward a healthier, tobacco-free lifestyle. The program also addresses the harmful effects associated with using tobacco while pregnant. Young people are motivated to reduce their tobacco use, quit on their own, or join a voluntary tobacco cessation program.

The Tobacco Awareness Program (TAP), also called Helping Teens Stop Using Tobacco, is an eight-session, voluntary cessation program that provides young people with information, motivation, and support to quit using cigarettes or chewing tobacco. In a supportive group setting, the program guides tobacco users to their personally-selected quit date and helps them remain tobacco-free. The facilitators provide the options, guidance for choosing, and support for the choices participants make as they design their own approach to staying tobacco-free. The curriculum includes recruitment strategies.

TEG and TAP have been evaluated regionally and nationally since 1995. The evaluation of TEG and TAP has shown some statistically significant effects in reduction of smoking as well as quitting, and increased self-efficacy to quit. TAP (the voluntary cessation program) produced more effect than TEG (the involuntary motivation program), suggesting that being caught smoking is not sufficient motivation to quit smoking. It also shows that adolescents benefit more from a specific cessation program over a general tobacco education program. For program and training information on TEG and/or TAP, contact Marybeth Anderson, director of training at Community Intervention, Inc. at (800) 328-0417 or visit the Web site at: www.youthtobacco.com.

Arrive in Style and Smoke-Free!

The Maryland Office of Health Promotion, Education and Tobacco Use Prevention has designed an intervention to assist young women attending public health family planning clinics with smoking cessation. The Arrive in Style and

Smoke-Free! intervention has three components: 1) full-color magazine with teen appropriate articles, features, and information aimed at helping them achieve and maintain quit status; 2) staff training and resource materials for family planning clinic personnel to assist them in counseling teens about smoking and 3) evaluation plan to assess the effectiveness of the interventions. To purchase a copy of these materials, please contact the Maryland Department of Health and Mental Hygiene, Office of Health Promotion and Education at (410) 767-1362.

Not-On-Tobacco (NOT)

The NOT program is a teen tobacco cessation program developed by the Prevention Research Center of West Virginia University and provided by the American Lung Association. The program was piloted in West Virginia and Florida in 1997-98. Its primary goal is to motivate and empower youth to quit using tobacco, with a secondary goal of tobacco use reduction for those teens who are not ready to quit, but are working towards it. NOT is a voluntary, school-based program that helps teenagers quit smoking or reduce cigarette use for those who are not successful in quitting completely the first time. Teens learn how to manage nicotine withdrawal and how to prevent relapses. Through NOT, teens receive help with issues of importance to them, such as weight management after quitting, and dealing with friends and family who smoke. NOT uses a life skills approach to teach teens how to apply what they are learning to other aspects of their lives. The program makes teens active participants in the learning process through small group discussions, hands-on activities, and journal writing and drawing. NOT includes a gender-sensitive core curriculum consisting of ten sessions, plus four follow-up (booster) sessions to reinforce what teens have learned and achieved. The sessions are conducted separately for boys and girls. NOT is a school-based program that can easily be adapted to non-school community settings.

Initial results from the ongoing national evaluation of NOT indicate that the program is helping teens stop smoking and reduce the number of cigarettes they smoke. The program also includes evaluation tools in the curriculum to help schools understand whether NOT is effective for their students. For more information about NOT, contact Nicole Pascua of the American Lung Association at (202) 785-3355. West Virginia, Florida, Indiana, Massachusetts, North Carolina, and Ohio report implementing the NOT program.

The California Smokers' Helpline for Teens

California has implemented a telephone quitline in six languages. The program includes teen-specific materials and content. It examines family and peer context, self-image and role of cigarettes, quitting as adult behavior, and stresses short-term impact (smell, stamina, etc.). Flexibility is key in this teen-specific quitting process. Other important components include investment/enthusiasm of the counselor, quality control, supervision, and following up with the teens. For more information, contact April Roeseler at the California Department of Health Services, Tobacco Control Section, at (916) 327-2279.

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What's Still Needed to Control the Problem?

Tobacco control experts agree that it takes a combination of tools to fight underage tobacco use – tools that aim not only to prevent children and adolescents from starting to use tobacco, but also to help them stop using. While prevention should be the first priority, early intervention for adolescent cessation must be linked to this effort. With tobacco currently in the national limelight, the opportunity to tackle the problem on both fronts could not be better.

It is imperative that more resources be dedicated to research to determine the best practices for helping youth stop using tobacco. A comprehensive approach to the problem involves youth themselves, parents, schools, government, media, health professionals – the entire community. Parents and the community need to deliver clear, consistent antismoking messages; address peer and media influences proactively; become or remain tobacco-free themselves; be able to identify and intervene if their

child smokes, and prevent relatives, especially siblings, from smoking (25). Schools need to begin tobacco prevention interventions with youth at a very young age, continue prevention education through the school years, identify students who smoke, and provide counseling and cessation programs (25). The federal government needs to establish national recommendations for advertising and portrayal of smoking in media, and support prevention and cessation programs for schools, families and communities (25). States need to enforce restrictions on access, support prevention and cessation programs for youth, as part of the development and implementation of comprehensive tobacco control programs. The media should support role models for youth who reject tobacco use. Health professionals should use each contact with youth as a teachable moment by promoting tobacco-free lifestyles.

Federal, state and local health agencies, particularly state Title V Maternal and Child Health Services Block Grant Programs can promote and improve youth cessation efforts by:

- Assuring measures to assess youth smoking rates are included in surveillance systems, such as the Youth Risk Behavior Survey, and in Title V performance measures.
- Supporting a comprehensive approach to youth tobacco control efforts that include youth tobacco use prevention and cessation.
- Promoting research on effective youth cessation programs, including specialized programs for pregnant teens. Research should focus on diverse methods and media, including group and one-on-one counseling, computer- and web-based "expert" systems, phone-based counseling, written self-help materials, and provider interventions.
- Integrating youth oriented tobacco control efforts into pediatric/adolescent health care, family planning, prenatal care and family practice services.
- Involving youth in the planning and implementing of prevention and cessation programs.
- Developing culturally, linguistically and age appropriate tobacco prevention, reduction, and cessation education materials/programs.
- Identifying and disseminating information on youth tobacco control best practice models to providers, health plans, and others concerned with the health and well-being of youth.
- Preparing and disseminating youth tobacco use fact sheets to parent groups/organizations, school districts, media, public officials, policy makers, etc.
- Establishing partnerships with schools, agencies, and organizations interested in the healthy development of youth.
- Incorporating tobacco control messages into all programming targeting adolescents.

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